

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO
097868289

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
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TOTAL IND.	2			
TOTAL DEP.	17	→	→	→
TOTAL CLAIMS	19	19	19	19

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IND.	DEP.	IND.	DEP.
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TOTAL IND.		→	→
TOTAL DEP.		→	→
TOTAL CLAIMS		19	19

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS